

➔ (Read Instructions BEFORE Completing Application) ➔

**INSTRUCTIONS IN APPLYING FOR MEMBERSHIP WITH THE  
CADDO NATION**

► **APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL DOCUMENTATION** ◀

The Membership Application for enrollment with the Caddo Nation, the attached sheet, should be completed showing your relationship to an enrolled member and/or members on the maternal and/or paternal side. Include maiden and married names of the women listed on your form.

**QUALIFICATIONS:**

All living lineal descendants of Allottee(s), of at least one-sixteenth (1/16) degree Caddo Indian Blood, born after the date of the adoption of the constitution (June 26, 1976), except those persons otherwise entitled to enrollment with the Caddo Nation who elect to be enrolled in another tribe.

**REQUIRED DOCUMENTS:**

1. Submit Applicant's **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE**. Our office must copy from the original document. If mailed in, the original will be returned to you via certified mail.
2. Submit Applicant's **SOCIAL SECURITY CARD**. Our office must copy from the original document. If mailed in, the original will be returned to you via certified mail.
3. Complete the **FAMILY TREE** form and submit with Enrollment Application. This information pertains to the applicant's genealogy on both sides of his/her family.
4. Submit copy of **IDENTIFICATION CARD** for applicant or for parent/legal guardian for verification (ex. Driver's License, State I.D., Tribal I.D. or school I.D.)
5. If you own trust property, submit Individual Indian Monies (IIM) Account Number. (eg. 806U123456)
6. If parents, grandparents, great-grandparents, are not on the Caddo Roll, it is **REQUIRED TO SUBMIT ORIGINAL STATE CERTIFIED BIRTH CERTIFICATES on each person** that links applicant to the nearest Caddo Allottee.
7. Copies of Court Proceedings, Probating the Estate of your deceased ancestor(s), are encouraged. *Submit a copy with your application if there have been such proceedings.*
8. In cases of Adoption, Caddo Blood quantum must be proven on the natural parent(s). *A notarized copy of Adoption Proceedings must be submitted with the application.* The notarized copy will remain on file. **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATES before and after adoption is REQUIRED.**
9. If you go by a different name, other than what is on your Birth Certificate, *then a notarized copy of legal name change is REQUIRED.* The notarized copy will remain on file.
10. **For other Federally Recognized Tribal Blood quantum**, other than Caddo Blood, you are **REQUIRED to submit** a form of documentation for self and/or parents. (ex. CDIB or Award Letter)
11. **FOR MINORS Only:** For applicants between the ages of 0-17 years. If you are not the biological parent of the applicant, submit legal guardianship documentation, such as a court order, which grants custody to you. Parent must sign application, if no legal custody documentation.
12. If a **NAME CHANGE** is needed, please send in supporting documentation (Marriage License, Court Order, etc.) If a change needs to be made and the member is under 18 years of age, then a parent or guardian must make the change.

**TRIBAL ENROLLMENT**  
Post Office Box 487  
Binger, Oklahoma 73009  
(405) 656-2344 (405) 656-2345  
FAX# (405) 656-2551

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### REQUIRED DOCUMENTS NEED TO SUBMIT:

- ☐ Enrollment Application (2 pages)
- ☐ Family Tree
- ☐ Original State Certified Birth Certificate for Applicant
- ☐ Original Social Security Card for Applicant
- ☐ Copy of I.D. (if minor, submit Parent/Guardian I.D.)
- ☐ Checklist Sheet (this paper)

## ADDITIONAL DOCUMENTS ▼

☐ Original State Certified Birth Certificate of Caddo PARENT

☐ Original State Certified Birth Certificate of Caddo GRANDPARENT

☐ *Certified Copy of Legal Name Change - Court Documents*

☐ *Certified Copy of Marriage License or Divorce Decree*

☐ *Certified Copy of Adoption Decree/Legal Guardianship*

[illegible]

**I certify that I have attached all necessary documentation to my enrollment application.**

Signature of Applicant  
or if minor, parent signing on behalf of minor

Relationship to Applicant

Date \_\_\_\_\_



**RETURN TO:**

Caddo Nation Enrollment Department  
P.O. Box 487  
Binger, Oklahoma 73009  
Ph: (405) 656-2344 ext. 221 / 257  
Enrollment Fax: (405) 656-2551  
Main Fax: (405) 656-2892

# MEMBERSHIP APPLICATION

## For Enrollment with the

### CADDO NATION

**PLEASE PRINT CLEARLY**

Degree of Caddo Indian Blood: \_\_\_\_\_

1. APPLICANT'S NAME: \_\_\_\_\_

Maiden, Indian or other name by which known: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER: ☐ Female ☐ Male

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Message #: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**VITAL STATISTICS:**

Hospital/Facility: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth Zip Code: \_\_\_\_\_

- 
2. ☐ Yes ☐ No - Is Applicant Adopted? **If Yes, please submit the Final Decree of Adoption**
3. ☐ Yes ☐ No - Has the applicant's Birth Certificate been amended? **If Yes, please provide documentation**
4. ☐ Yes ☐ No - Do you have Indian Blood from another Indian Tribe? **If yes, submit CDIB, tribal verification**
- If Yes, Name of other Tribe: \_\_\_\_\_ Degree of Blood: \_\_\_\_\_
- Name of other Tribe: \_\_\_\_\_ Degree of Blood: \_\_\_\_\_
5. ☐ Yes ☐ No - Are you enrolled with another Indian Tribe as a member of that tribe?
- If yes, Name of that tribe: \_\_\_\_\_
6. ☐ Yes ☐ No - If you are a member of another Indian Tribe, have you received benefits in Land or Money by virtue of such enrollment?
7. ☐ Yes ☐ No - Have you ever relinquished your rights with another tribe? If Yes, which tribe: \_\_\_\_\_
8. Give the NAME OF CADDO ANCESTOR and ALLOTTEE NUMBER of the Caddo Indian Allottee(s):
- Allottee Name(s): \_\_\_\_\_ Allottee #: \_\_\_\_\_
9. What is the Relationship of the Allottee to you? \_\_\_\_\_

# FAMILY TREE

Please complete as much as you can of the Family Tree by writing the names of your ancestors on the TOP LINE provided.

PLEASE PRINT CLEARLY

## NAME OF APPLICANT

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## FATHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GRANDFATHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GREAT-GRANDFATHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDFATHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

GREAT-GREAT-GRANDMOTHER  
TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

## GRANDMOTHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GREAT-GRANDMOTHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GREAT-GRANDFATHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GRANDFATHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GREAT-GRANDMOTHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## MOTHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GREAT-GRANDFATHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GRANDMOTHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## GREAT-GRANDMOTHER

Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Roll No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_



**CADDO NATION  
ENROLLMENT DEPARTMENT  
MEMBERSHIP RECORD**

**APPLICANT'S MOTHER**

MOTHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ENROLLED CADDO: ☐ Yes ☐ No ROLL #: \_\_\_\_\_ DEGREE OF CADDO BLOOD: \_\_\_\_\_

ENROLLED IN OR POSSESS BLOOD OF A TRIBE OTHER THAN CADDO: ☐ YES ☐ NO ☐ NON-INDIAN

NAME OF OTHER TRIBE: \_\_\_\_\_ DEGREE OF BLOOD: \_\_\_\_\_

**APPLICANT'S FATHER**

FATHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ENROLLED CADDO: ☐ Yes ☐ No ROLL #: \_\_\_\_\_ DEGREE OF CADDO BLOOD: \_\_\_\_\_

ENROLLED IN OR POSSESS BLOOD OF A TRIBE OTHER THAN CADDO: ☐ YES ☐ NO ☐ NON-INDIAN

NAME OF OTHER TRIBE: \_\_\_\_\_ DEGREE OF BLOOD: \_\_\_\_\_

DID YOU SERVE IN THE UNITED STATES MILITARY? ☐ YES ☐ NO ☐ N/A

ACTIVE DUTY/RESERVE/NATIONAL GUARD: \_\_\_\_\_

BRANCH: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

DATE DISCHARGED: \_\_\_\_\_

**PERSON COMPLETING THE APPLICATION FOR MINOR** (you must be the applicant's legal guardian or custodial parent)

Print Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

**REMEMBER TO KEEP ENROLLMENT FILE  
UPDATED. IF YOU HAVE A CHANGE OF  
ADDRESS OR NAME CHANGE, PLEASE  
CONTACT THE ENROLLMENT  
DEPARTMENT AS SOON AS POSSIBLE.**

**APPLICANT:** Please allow four (4) to six (6) weeks for processing once all documentation has been turned in. If the applicant is of other tribal decent, the application may take longer to process due to the length of time it takes to receive verification from the other tribe(s).

**(Persons 18 years of Age or older must sign their own application.)**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Caddo Nation  
Enrollment Dept.  
P.O. Box 487  
Binger, OK 73009

BURIAL APPLICATION  
CADDO NATION OF OKLAHOMA  
PAGE 2

**Caddo Nation  
Application for Burial  
Assistance**

**EVIDENCE OF DEATH**

Please attach to this application, an ORIGINAL funeral bill and a death certificate or other evidence verifying the decedent's death (i.e., newspaper article regarding death (including name and address of newspaper) a notarized affidavit of death signed by three (3) persons' having knowledge of the death of the decedent) or Funeral Service Card.

**PERSON COMPLETING APPLICATION INFORMATION:**

**\*\*Person completing this form must submit a copy of photo ID with application\*\***

**Name:** \_\_\_\_\_  
FIRST MIDDLE LAST

STREET or P.O. BOX CITY STATE ZIP

CONTACT NUMBER: ( ) ( ) HOME ( ) CELL ( ) OTHER

RELATIONSHIP (IF ANY) TO DECEDENT: \_\_\_\_\_

SIGNATURE OF PERSON MAKING APPLICATION \_\_\_\_\_ DATE \_\_\_\_\_

ENROLLMENT DEPARTMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Documentation Attached \_\_\_\_\_ Date \_\_\_\_\_

Approved: ☐ Not Approved: ☐

☐ Invoice  
☐ Death Certificate  
☐ Other Evidence: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Date Check Mailed: \_\_\_\_\_ Mailed to: \_\_\_\_\_

Enrollment Signature: \_\_\_\_\_ Date: \_\_\_\_\_